



Dam Safety Inspection Form

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1271
(503) 986-0900

Name of Dam: BIG CREEK LOWER File #: B-28a
Height: 21 ft. Storage: 272 ac. ft. Permit: _____ NID #: OR- 00225
Hazard: ☐ Low ☐ Significant ☒ High Inspector(s): JANICEK District: 1
Others on site: _____
Date: 2/1/2017 Temperature: _____°F ☐ Dry ☐ Rain ☐ Snow ☐ Now ☐ Recently
Prior Inspection Date: 7/22/16 Issues from prior inspection: _____

Rating Criteria: 5-Exemplary; 4-Adequate 3-Maintenance or minor repair needed
2-Serious repair needed; 1- Urgent dam safety issue – action now - Contact owner and dam safety directly

General	Rating
Structures below dam <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Request Dam Safety review of hazard rating	
Types of structures Dwelling _____ feet Paved public road _____ feet Other building _____ feet	
Vehicle access <input checked="" type="checkbox"/> All weather road <input type="checkbox"/> Dirt road <input type="checkbox"/> Cross country	4
Detail:	

Reservoir	Pool level: <u>35'</u>	Point of Reference: <input checked="" type="checkbox"/> Crest <input type="checkbox"/> Gage _____	Rating
Minimum freeboard	Vertical distance from debris line to lowest place on crest _____ ft.		—
Debris <input type="checkbox"/> Floating Debris/Trash <input type="checkbox"/> Log Boom <input type="checkbox"/> Unusual Conditions <input checked="" type="checkbox"/> CLEAN			4
Detail:			

Spillway	<input type="checkbox"/> Earth <input type="checkbox"/> Rock <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Modifications <input checked="" type="checkbox"/> None <input type="checkbox"/> Reduction in capacity <input type="checkbox"/> Feature not on design		—
Approach Channel <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> Debris <input type="checkbox"/> Erosion		4
Control Section <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Rock <input type="checkbox"/> Soil <input type="checkbox"/> Culvert <input type="checkbox"/> Unstable Width _____ Depth _____		4
Flashboards/Gate <input checked="" type="checkbox"/> None <input type="checkbox"/> In place <input type="checkbox"/> Operational <input type="checkbox"/> Deteriorated		—
Discharge Channel <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Trees/brush <input type="checkbox"/> Leakage <input type="checkbox"/> Headcutting (_____ feet from spillway control section, depth _____ feet.)		4
Stilling basin <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Minor Erosion <input type="checkbox"/> Severe Erosion/Undercutting		4
Aux. Spillway <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (use comments below)		—
Detail:	WATER WAS FLOWING THROUGH SPILLWAY AND FISH LADDER	

Seepage/Leakage	Rating
Serious conditions <input type="checkbox"/> Leakage <input type="checkbox"/> Piping <input type="checkbox"/> Discolored water <input type="checkbox"/> Boils	—
Locations* <input type="checkbox"/> Center <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Around pipe <input type="checkbox"/> On dam _____	—
Flow (gpm) <input type="checkbox"/> Wet vegetation <input type="checkbox"/> Spongy <input type="checkbox"/> Standing water <input type="checkbox"/> Flow _____ gpm	—
Toe drains <input checked="" type="checkbox"/> None <input type="checkbox"/> Working <input type="checkbox"/> Damaged	—
Detail:	

Conduit		Control: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Other <input type="checkbox"/> Conduit Control missing	Rating
Inlet	<input type="checkbox"/> Submerged <input type="checkbox"/> Debris on Trash Rack <input type="checkbox"/> Deterioration		—
Trickle tube	<input type="checkbox"/> None <input type="checkbox"/> Screened <input type="checkbox"/> Blockage <input type="checkbox"/> Deterioration		—
Control/Stem	<input type="checkbox"/> Operable <input type="checkbox"/> Damaged <input type="checkbox"/> Missing		4
Valve(s) cycling	<input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> Past year <input type="checkbox"/> Frequent		4
Pipe	Diameter/Size: _____ Material _____	Condition _____	—
Primary outlet	<input type="checkbox"/> Overgrown <input checked="" type="checkbox"/> Clean <input checked="" type="checkbox"/> Pressurized <input type="checkbox"/> Leaking _____ gpm		4
Other outlet(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) _____ Diameter(s) _____ in.		—
Detail:	OUTLET IS NO LONGER BURIED BUT IT IS STILL SUBMERGED AREA DOWNSTREAM OF OUTLET APPEARS NOT TO DRAIN WELL AFTER WATER IS RELEASED FROM OUTLET		

Structure of dam		<input checked="" type="checkbox"/> Earth <input type="checkbox"/> Rock <input type="checkbox"/> Concrete <input type="checkbox"/> Other	Rating
Distress	<input type="checkbox"/> Cracks - offset _____ in <input type="checkbox"/> Landslide(s) <input type="checkbox"/> Sinkhole(s) <input type="checkbox"/> Crest Settlement <input type="checkbox"/> Narrow crest <input type="checkbox"/> Wave erosion <input type="checkbox"/> Trampling <input type="checkbox"/> Surface erosion		—
Locations*			—
Aux. dike (s)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> over 5		—
Animals	<input type="checkbox"/> Nutria <input type="checkbox"/> Badger Other _____ <input type="checkbox"/> Unknown		Rating
Burrows	<input type="checkbox"/> Observed	max diameter _____ in max depth _____ ft <input type="checkbox"/> Trails	—
Locations*			—
Vegetation			Rating
Cover	<input checked="" type="checkbox"/> Low grass <input type="checkbox"/> high grass <input type="checkbox"/> brush <input type="checkbox"/> blackberries <input type="checkbox"/> small trees <input type="checkbox"/> large trees		4
Locations*			—
Impairs inspection	<input type="checkbox"/> toe seepage <input type="checkbox"/> conduit outlet <input type="checkbox"/> spillway <input type="checkbox"/> upstream face <input type="checkbox"/> downstream face		—
Detail:			

*Locations – Upstream face, Crest, Downstream face, Left and Right abutments, Toe

Expedited Re-inspection Needed: ☐ Next Inspection Date: _____

Other Issues or Additional Detail Needed:

Elbow is still on outlet
